

United States Bankruptcy Court  
Southern District of Illinois

IN RE:

Case No. \_\_\_\_\_

LENZ, KEITH J.

Debtor(s)

Chapter 7

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): LENZ, KEITH J.

(Check the appropriate box and, if applicable, provide the required information.)

☒ Debtor has a Social Security Number and it is: 3 6 0 - 5 6 - 2 6 0 2  
(If more than one, state all.)

☐ Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): \_\_\_\_\_

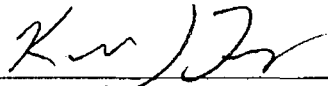
(Check the appropriate box and, if applicable, provide the required information.)

☐ Joint Debtor has a Social Security Number and it is: \_\_\_\_\_  
(If more than one, state all.)

☐ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X

  
Signature of Debtor

Date

3/15/07

X

\_\_\_\_\_  
Signature of Joint Debtor

Date

\* Joint debtors must provide information for both spouses.

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.